

EXHIBIT C

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
ALEXANDRIA DIVISION

THOMAS CIENIEWICZ,

Plaintiff,

v.

GHAFOURPOUR, DDS, ET AL.,

Defendants.

:
:
:
:
:
:
:
:
:
:
:

Civil Action No: 1:22cv172

AFFIDAVIT

To the Honorable Judges of the Eastern District of Virginia:

1. My name is Alex Taylor, MD. I am over the age of twenty-one. In 2021, I was employed by Wellpath, LLC and provided medical services to patients at the Chesapeake Correctional Center (the "Jail"). The information in this Affidavit is based on my personal knowledge and the medical records maintained in the ordinary course of business.

2. Over the course of his incarceration at the Jail, Mr. Cieniewicz reported to providers and/or to medical staff various nonurgent ailments that caused him pain including back pain and work-related injuries; therefore, I prescribed pain medication for him. See **2021 Inactive Medication and Medication Administration Record**. I prescribed Tylenol or Ibuprofen for Mr. Cieniewicz in low doses and for short periods of time (less than 2 weeks). In late September 2021, I prescribed a low dose of Naproxen for him and left the prescription open or available through early November 2021. The prescriptions were medically indicated, meaning that I had a reasonable and valid medical reason to issue the prescriptions and, because they were to treat his complaints of pain, they were available to him as needed; he was not required to take

them, but was able to take them when he experienced pain. In fact, Mr. Cieniewicz frequently refused the medication.

3. In addition to the prescription, Mr. Cieniewicz had the general ability to purchase Ibuprofen or Naproxen from the Jail canteen and occasionally inmates who could not afford to purchase the medication bartered for Ibuprofen. I do not know if Mr. Cieniewicz obtained and took additional Ibuprofen or Naproxen.

4. NSAIDs (non-steroidal anti-inflammatory drugs), such as Ibuprofen and Naproxen, are widely used in the United States, with over 70 million prescriptions per year, in addition to over-the-counter availability for even higher usage. In light of this, the risk of stomach ulcers from use of NSAIDs is low. As a protective measure, patients at the Jail taking NSAIDs, including Mr. Cieniewicz, were encouraged and permitted to take their medication with food; however, the onus was on the patient to do so.

5. At no time did I believe that Mr. Cieniewicz had or was at a significant risk for stomach ulcers from taking NSAIDs. Mr. Cieniewicz was, at most, at a very low risk for stomach ulcers from use of NSAIDs. For example, he was not elderly, he did not have any liver or kidney problems, and he did not report any history of prior stomach ulcers. My examination of him on September 9, 2021 was a normal abdominal exam. He did not report, and I did not find, any signs or symptoms of gastrointestinal problems. There was also no contraindication for prescribing NSAIDs for Mr. Cieniewicz. At the time, I believed that the pain medication would alleviate his reported pain and I certainly did not believe that the medication would cause him any harm. If Mr. Cieniewicz had reported any gastrointestinal symptoms and if I was made aware of such symptoms, I would have examined Mr. Cieniewicz and would have discontinued the NSAID order.

6. At no time did I have any reason to believe that Mr. Cieniewicz had a stomach ulcer. Between January 2021 and November 4, 2021, Mr. Cieniewicz was seen by medical providers for treatment of specific complaints on February 1st (dry skin), April 1st (swelling of 3rd finger on left hand), June 30th (injury to right forearm), August 30th (back injury from fall at work), and September 9th (back pain from fall at work). See **2021 Medical Sick Calls**. I personally treated Mr. Cieniewicz on April 1, 2021 and September 9, 2021. At these personal visits with other medical providers and with me, Mr. Cieniewicz did not report any tooth pain, stomach pain, nausea, vomiting, diarrhea, burning sensation, weight loss, fatigue, or gastrointestinal complaints; he did not report any symptoms to suggest that he had a stomach ulcer.

7. In addition, the gastroenterology specialist who treated Mr. Cieniewicz during his hospital stay beginning on November 4, 2021 found that Mr. Cieniewicz had chronic conditions, a sliding hiatal hernia and peptic stenosis. See **Procedure Report**. These chronic conditions would have existed before his incarceration at the Jail and have no relationship to the taking of NSAIDs. In addition, Mr. Cieniewicz did not disclose that he had these two (2) conditions to me or any medical staff at the Jail. It is equally as likely, if not more likely, that Mr. Cieniewicz's duodenal ulcers and ulcerative esophagitis were caused by these two (2) chronic, preexisting gastrointestinal conditions and not by the limited intake of NSAIDs at the Jail.

7. At no time did I believe that Mr. Cieniewicz had any serious medical condition. He did not report any serious chronic conditions and did not report any symptoms of any serious chronic or serious acute conditions.

8. I have never had any ill will toward Mr. Cieniewicz. I have always treated him with attention, respect, and good medical care.

9. I do not provide dental care to patients. Dental complaints at the Jail were addressed by the attending dentist.

10. It is my opinion that the nursing care, including medication administration, provided to Mr. Cieniewicz was timely and appropriate. Medication is administered at the Jail on a timely and regular med pass schedule and, when appropriate, at other times based on the prescription requirements. The medication pass practice at the Jail is standard and reasonable and appropriately addresses the needs of the patients. I have also reviewed Mr. Cieniewicz's medication administration record and he was offered his medications reasonably, regularly, and timely over the course of his incarceration.

11. The statements in this Affidavit are true and correct to the best of my knowledge. The attached medical records are true and correct to the best of my knowledge and are maintained in the ordinary course of business.

Signature: _____

Name: _____

Alex Taylor, MD

COMMONWEALTH OF VIRGINIA

COUNTY/CITY of Norfolk, to wit:

This day Alex P. Taylor personally appeared before me, the undersigned Notary Public in the jurisdiction aforesaid, who made oath that the foregoing Affidavit is true and correct to the best of her/his information and belief.

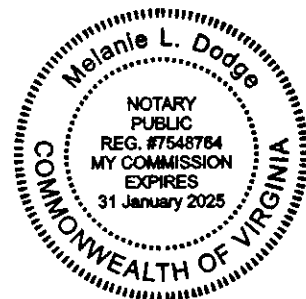
Sworn to and subscribed before me this 4th day of August, 2022.

My Commission expires: 01 / 31 / 2025

Melanie L. Dodge

Notary Public

Commission No. 7548764



**Thomas Michael Cieniewicz**

#2019-0006511

Moderna- Series Complete, Double Mattress, Veteran, COVID 19- Booster

Sex: Male
 DOB: [REDACTED]
 Height: 6ft 2in
 Weight: 234 lbs
 BMI: 30.0
 SSN: [REDACTED]
 Agency: VA1030100
 Location: [OUT]
 JMS ID: 8393
 Allergies:
 Tomatoes Spices

Sick Calls

Medical Sick Calls**Triage**

- 05/20/2022: C-781 Inmate Worker Medical Clearance
- 05/18/2022: Medical History & Physical Assessment with Mental Health
- 05/13/2022: C-781 Inmate Worker Medical Clearance

Medical**Dental**

- 11/09/2021: Kriss Ghafourpour
- 10/22/2020: Kriss Ghafourpour
- 11/14/2019: Lloyd Marland

Mental Health

- No recent records

Viewing 1-10 of 14 Items

1

2

Next >

11/12/2021 1126 with medical Alex P Taylor, MD (Task Priority: 1) [Last Updated: 11/13/2021 1204]

Vitals Taken

BP: 153 / 82
 Temp: 97.9° F
 Weight: 230 lbs
 BMI: 0.0
 Height: 0ft 0in
 SPO2: 99.0%
 Pulse: 83
 Resp: 16

Subjective: I/M return from hospital for GI bleed. Was hospitalized due to a stomach ulcer and underwent a scope procedure where they found 2 ulcers. He now reports that his stomach is much better.

Objective: Heart: regular rate noted without murmurs Lungs: pulmonary effort is normal with no respiratory distress or wheezing present Abdomen: soft with active bowel sounds without guarding or rebound tenderness Extremities: no peripheral edema Neuro: no focal deficits appreciated

Assessment: 1. Acute GIB (treated)

Plan: 1. Continue PPI therapy for acid suppression along with ferrous supplementation. Will add Vit C to help with iron absorption.

Education: blank

Note Off Status:
Incomplete

Note Off

Locked:
Yes
Interpreter used: No

Entered by: CMA Tony M Poteat at staff request (Last saved by: medical Alex P Taylor, MD)

Add Addendum

Recategorize to **Medical** ▼

09/09/2021 1624 with LPN Onyesha Cummings (Task Priority: 1) [Last Updated: 09/10/2021 1156]

| | | | | | |
|--|---------------|---|--|-----------------|-------------|
| Vitals Taken | | Subjective: back pain due to fall to work Reports a recent back injury as a result of a mechanical fall. Since slipping on the floor he has experienced tightness in his lower back. | Note Off Status: Incomplete <input type="button" value="Note Off"/> Locked: Yes Interpreter used: No | | |
| BP: 122 / 86 | Temp: 97.1° F | | | Weight: 224 lbs | BMI: 0.0 |
| Pulse: 71 | Resp: 18 | | | Height: 0ft 0in | SPO2: 97.0% |
| Objective: Heart: regular rate and rhythm Lungs: clear to auscultation bilaterally Abdomen: + bowel sounds noted Extremities: no pitting edema Ortho: para-spinal muscle pains on direct inspection near the L/S spine Neuro: no focal deficits appreciated | | | | | |
| Assessment: 1. Lumbago | | | | | |
| Plan: 1. Continue NSAID therapy as ordered | | | | | |
| Education: blank | | | | | |
| Entered by: LPN Onyesha Cummings at staff request (Last saved by: medical Alex P Taylor, MD) <input type="button" value="Add Addendum"/> | | | | | |
| Recategorize to | | Medical <input type="button" value="v"/> | | | |

Continue 08/30/2021 1058 with RN Cheryl Askew [Last Updated: 08/30/2021 1104]

| | | | | | |
|--|-----------|--|---|-----------------|----------|
| Vitals Taken | | Subjective: Inmate c/o back pain r/t fall at work. Inmate stated he slipped in oil at worksite and landed on right side of buttocks. Inmate stated "I tweaked my lower back". | Note Off Status: Incomplete Locked: No Interpreter used: No | | |
| BP: 142 / 89 | Temp: -°F | | | Weight: - lbs | BMI: 0.0 |
| Pulse: 76 | Resp: 16 | | | Height: 0ft 0in | SPO2: -% |
| Objective: No redness or swelling noted. Pain on palpation to muscles on left side of spine lumbar region. Inmate denies pain in right lumbar region. | | | | | |
| Assessment: blank | | | | | |
| Plan: blank | | | | | |
| Education: blank | | | | | |
| Entered by: RN Cheryl Askew at patient request <input type="button" value="Add Addendum"/> | | | | | |
| Recategorize to | | Medical <input type="button" value="v"/> | | | |

06/30/2021 1056 with LPN Lauren A Bonney [Last Updated: 06/30/2021 1110]

| | | | | |
|---|-----------------|--|---|--------------------------|
| Forms Completed | | Subjective: Inmate sustained wound to R forearm while working outside of facility- String trimmer came apart during use and the metal clutch assembly made contact with R forearm causing injury. | Note Off Status: Incomplete <input type="button" value="Note Off"/> Locked: Yes Interpreter used: No | |
| Form | Status | | | Actions |
| Wounds on | Completed | | | <input type="checkbox"/> |
| - NDP33 | 06/30/2021 1108 | | | |
| Objective: see subjective interview form | | | | |
| Assessment: Impaired skin integrity | | | | |

| |
|---|
| Plan: see subjective interview form |
| Education: blank |
| Entered by: LPN Lauren A Bonney at patient request <input type="button" value="Add Addendum"/> |
| Recategorize to: Medical ▼ |
| V.O. Administer adacel vaccine per Dr. Taylor LPN Bonney, Lauren A 2021-06-30 17:07 38.000 |

📁 04/01/2021 1603 with medical Alex P Taylor, MD (Task Priority: 1) [Last Updated: 04/02/2021 1004]

| | | |
|---|---|--|
| Vitals Taken BP: 142 / 92 Temp: 97.6° F Weight: 234 lbs BMI: 30.0 Height: 6ft 2in SPO2: 96.0% Pulse: 76 Resp: 17 | Subjective: Examine L 3rd digit Has required use of an antibiotic due to swelling in the left hand & middle finger. He remembers submersing his hand in a murky water a few weeks ago. Since that time his hand swells up and drains pus. Objective: Heart: regular rate and rhythm Lungs: clear to auscultation Abdomen: + bowel sounds Skin: l hand middle finger with a small raised lesion with a scant amount of drainage Extremities: no pitting edema Neuro: no focal deficits noted Assessment: 1. Localized cellulitis Plan: Bactrim DS 1 tab BID x 10 days, task I&D to L 3rd digit in main clinic. 1. Repeat oral antibiotic and schedule for wound exploration next week to rule out foreign body. Education: blank | Note Off Status: Incomplete <input type="button" value="Note Off"/> Locked: Yes Interpreter used: No |
| Entered by: LPN Lauren A Bonney at staff request (Last saved by: medical Alex P Taylor, MD) <input type="button" value="Add Addendum"/> Recategorize to: Medical ▼ | | |

📁 02/01/2021 0847 with LPN Lauren A Bonney (Task Priority: 1) [Last Updated: 02/01/2021 0857]

| Forms Completed <table border="1"> <thead> <tr> <th>Form</th> <th>Status</th> <th>Actions</th> </tr> </thead> <tbody> <tr> <td>Skin Problems</td> <td>Completed on 02/01/2021</td> <td><input type="button" value="Add Addendum"/></td> </tr> <tr> <td>NDP27.1</td> <td>0857</td> <td></td> </tr> </tbody> </table> | Form | Status | Actions | Skin Problems | Completed on 02/01/2021 | <input type="button" value="Add Addendum"/> | NDP27.1 | 0857 | | Subjective: I am having issues with very dry skin again. (cracking) Objective: see subjective interview form Assessment: impaired skin integrity Plan: see subjective interview form Education: blank | Note Off Status: Incomplete <input type="button" value="Note Off"/> Locked: Yes Interpreter used: No |
|---|-------------------------|---|---------|---------------|-------------------------|---|---------|------|--|---|--|
| Form | Status | Actions | | | | | | | | | |
| Skin Problems | Completed on 02/01/2021 | <input type="button" value="Add Addendum"/> | | | | | | | | | |
| NDP27.1 | 0857 | | | | | | | | | | |
| Entered by: LPN Lauren A Bonney at staff request <input type="button" value="Add Addendum"/> | | | | | | | | | | | |

| | | | | | |
|--|------------|------------|------------------------------|--|-------|
| CTM (CHLORPHENIRAMINE)4MG 1 TAB By Mouth BID NDC: 536100610 | 08/30/2021 | 09/28/2021 | medical Alex P Taylor, MD | ✓ Approved 09/08/2021 1524 Discontinued | Sched |
| CTM (CHLORPHENIRAMINE)4MG 1 TAB [PO] By Mouth BID NDC: 536100610 | 01/22/2021 | 01/27/2021 | medical Alex P Taylor, MD | ✗ Denied 01/28/2021 1009 Discontinued | Sched |
| DESVENLAFAXINE ER (PRISTIQ)50MG 1 TAB By Mouth QD NDC: 591365930 Refills Remaining: 1 | 04/24/2022 | 05/24/2022 | Dr. Amit Shah | ✗ Denied 05/02/2022 1029 Discontinued | Sched |
| | 02/22/2022 | 04/22/2022 | Dr. Amit Shah | All Taken | Sched |
| | 12/24/2021 | 02/21/2022 | Dr. Amit Shah | All Taken | Sched |
| DESVENLAFAXINE ER (PRISTIQ)50MG tab by mouth every other day NDC: 591365930 | 11/09/2021 | 12/08/2021 | Dr. Amit Shah | ✓ Approved 11/19/2021 1035 All Taken | Sched |
| FERROUS SULFATE325MG 1 TAB By Mouth BID NDC: 57896070310 Refills Remaining: 2 | 05/16/2022 | 07/15/2022 | medical Alex P Taylor, MD | ✓ Approved 05/19/2022 1653 Discontinued | KOP |
| | 03/13/2022 | 05/11/2022 | medical Alex P Taylor, MD | All Taken | KOP |
| | 01/11/2022 | 03/11/2022 | medical Alex P Taylor, MD | All Taken | Sched |
| | 11/09/2021 | 01/07/2022 | medical Alex P Taylor, MD | ✓ Approved 11/10/2021 1908 All Taken | KOP |
| FUNGI-NAIL PEN 3ML25% 1 SOL [TP] Topically BID NDC: 55505018751 Refills Remaining: 1 | 03/13/2021 | 04/11/2021 | medical Alex P Taylor, MD | Discontinued | KOP |
| | 01/07/2021 | 03/07/2021 | medical Alex P Taylor, MD | Discontinued | KOP |
| | 12/06/2020 | 01/04/2021 | medical Alex P Taylor, MD | ✓ Approved 12/07/2020 1112 All Taken | Sched |
| | 11/06/2020 | 12/05/2020 | medical Alex P Taylor, MD | Discontinued | KOP |
| | 09/21/2020 | 10/20/2020 | medical Alex P Taylor, MD | ✓ Approved 09/23/2020 1648 All Taken | KOP |
| IBUPROFEN (MOTRIN)600MG 1 TAB By Mouth BID NDC: 64380080807 | 04/09/2021 | 04/16/2021 | medical Alex P Taylor, MD | ✓ Approved 04/14/2021 2113 Discontinued | Sched |
| IBUPROFEN (MOTRIN)600MG 1 TAB [PO] By Mouth PRN BID NDC: 64380080807 | 03/25/2021 | 04/01/2021 | medical Alex P Taylor, MD | ✓ Approved 03/31/2021 1541 Discontinued | Sched |
| | 03/14/2021 | 03/21/2021 | medical Alex P Taylor, MD | ✓ Approved 03/15/2021 1405 Discontinued | Sched |
| | 03/05/2021 | 03/11/2021 | medical Alex P Taylor, MD | ✓ Approved 03/09/2021 1950 Discontinued | Sched |
| | 02/25/2021 | 03/03/2021 | medical Alex P Taylor, MD | ✓ Approved 03/01/2021 1416 All Taken | Sched |
| | 02/17/2021 | 02/23/2021 | medical Alex P Taylor, MD | | Sched |

| | | | | | |
|---|------------|------------|------------------------------|--|-------|
| | | | | ✓ Approved 02/17/2021 2102 All Taken | |
| IBUPROFEN (MOTRIN)400MG 1 TAB By Mouth BID NDC: 53746046405 | 09/28/2020 | 10/04/2020 | Dr. Kriss Ghafourpour | ✗ Denied 10/06/2020 2056 Discontinued | Sched |
| IBUPROFEN600MG 1 TAB [BY MOUTH] BY MOUTH TWICE DAILY RX: 27319660 NDC: 53746046505 | 07/17/2020 | 07/23/2020 | medical Alex P Taylor, MD | ✓ Approved 07/17/2020 1330 Discontinued | Sched |
| IBUPROFEN400MG 1 TAB BY MOUTH TWICE DAILY RX: 27232872 NDC: 53746046405 | 03/11/2020 | 03/17/2020 | medical Alex P Taylor, MD | ✓ Approved 03/12/2020 2052 Discontinued | Sched |
| | 10/31/2019 | 11/06/2019 | medical Alex P Taylor, MD | ✓ Approved 10/31/2019 2232 Discontinued | Sched |
| IBUPROFEN800MG 1 TAB [BY MOUTH] BY MOUTH TWICE DAILY *TAKE WITH FOOD* RX: 25837785 NDC: 67877029605 | 11/14/2019 | 11/21/2019 | DDS Lloyd Marland | ✗ Denied 11/22/2019 0313 Discontinued | Sched |
| IBUPROFEN400MG 1 TAB [BY MOUTH] BY MOUTH TWICE DAILY RX: 25579780 NDC: 53746046405 | 10/28/2019 | 10/30/2019 | DDS Lloyd Marland | ✗ Denied 10/31/2019 0509 Discontinued | Sched |
| | 10/23/2019 | 10/27/2019 | medical Alex P Taylor, MD | ✓ Approved 10/23/2019 1425 Discontinued | Sched |
| IBUPROFEN (MOTRIN)400MG 2 TAB [PO] By Mouth BID NDC: 53746046405 | 01/11/2018 | 01/21/2018 | DDS James Haydu | ✓ Approved 01/25/2018 0843 Discontinued | Sched |
| IBUPROFEN (MOTRIN) 3RD PARTY400MG 1 TAB By Mouth BID NDC: 55111068205 | 04/19/2022 | 04/21/2022 | medical Alex P Taylor, MD | ✗ Denied 04/22/2022 0000 Discontinued | Sched |
| | 05/14/2021 | 05/16/2021 | medical Alex P Taylor, MD | ✓ Approved 05/15/2021 1621 Discontinued | Sched |
| MICONAZOLE ANTIFUNGAL2% 28 GM 1 CREAM Topically BID NDC: 472073556 | 01/28/2022 | 02/26/2022 | medical Alex P Taylor, MD | ✓ Approved 02/18/2022 2032 Discontinued | KOP |
| MICONAZOLE ANTIFUNGAL2% 28 GM 1 CREAM [TP] Topically TID NDC: 472073556 | 02/03/2021 | 02/24/2021 | medical Alex P Taylor, MD | Discontinued | KOP |
| Moderna Covid-19 Vaccine0.5ml 1 IM injection Intramuscularly QD NDC: 80777-273-99 | 05/12/2021 | 05/12/2021 | medical Alex P Taylor, MD | ✓ Approved 04/14/2021 2113 Discontinued | Sched |
| | 04/14/2021 | 04/14/2021 | medical Alex P Taylor, MD | ✓ Approved 04/14/2021 2113 Discontinued | Sched |
| NAPROXEN (NAPROSYN)500MG (On Hold) 1 TAB By Mouth BID NDC: 68462019005 | 09/20/2021 | 11/18/2021 | medical Alex P Taylor, MD | ✓ Approved 09/27/2021 2026 Discontinued | Sched |
| | 09/08/2021 | 09/15/2021 | Dr. Kriss Ghafourpour | ✗ Denied 09/16/2021 0000 Discontinued | Sched |
| | 07/26/2021 | 08/02/2021 | Dr. Kriss Ghafourpour | | Sched |

| | | | | | |
|---|------------|------------|---------------------------|--|-------|
| | | | | <div><div><div><div><div><div></div><div>Denied</div></div><div>09/08/2021</div><div>0843</div><div>All Taken</div></div></div></div></div> | |
| | 07/14/2021 | 07/21/2021 | Dr. Kriss Ghafourpour | <div><div><div><div><div><div></div><div>Denied</div></div><div>07/23/2021</div><div>2342</div><div>Discontinued</div></div></div></div></div> | Sched |
| | 06/28/2021 | 07/05/2021 | Dr. Kriss Ghafourpour | <div><div><div><div><div><div></div><div>Denied</div></div><div>07/14/2021</div><div>1814</div><div>All Taken</div></div></div></div></div> | Sched |
| PANTOPRAZOLE (PROTONIX)40MG 1 TAB By Mouth QD NDC: 31722071390 Refills Remaining: 2 | 05/25/2022 | 07/22/2022 | medical Alex P Taylor, MD | <div><div><div><div><div><div></div><div>Approved</div></div><div>06/06/2022</div><div>1153</div><div>Discontinued</div></div></div></div></div> | Sched |
| | 03/26/2022 | 05/23/2022 | medical Alex P Taylor, MD | All Taken | KOP |
| | 01/24/2022 | 03/24/2022 | medical Alex P Taylor, MD | All Taken | KOP |
| | 01/08/2022 | 03/08/2022 | medical Alex P Taylor, MD | <div><div><div><div><div><div></div><div>Approved</div></div><div>11/10/2021</div><div>1908</div><div>Discontinued</div></div></div></div></div> | KOP |
| PANTOPRAZOLE (PROTONIX)40MG 1 TAB By Mouth BID NDC: 31722071390 | 11/09/2021 | 01/07/2022 | medical Alex P Taylor, MD | Discontinued | KOP |
| SMZ/TMP DS800-160MG 1 TAB By Mouth BID NDC: 65862042005 | 05/31/2022 | 06/02/2022 | medical Alex P Taylor, MD | <div><div><div><div><div><div></div><div>Denied</div></div><div>06/03/2022</div><div>0000</div><div>Discontinued</div></div></div></div></div> | Sched |
| SMZ/TMP DS800-160MG 1 TAB [PO] By Mouth BID NDC: 65862042005 | 04/01/2021 | 04/11/2021 | medical Alex P Taylor, MD | <div><div><div><div><div><div></div><div>Approved</div></div><div>04/02/2021</div><div>0008</div><div>Discontinued</div></div></div></div></div> | Sched |
| | 03/25/2021 | 04/01/2021 | medical Alex P Taylor, MD | <div><div><div><div><div><div></div><div>Approved</div></div><div>03/31/2021</div><div>1541</div><div>Discontinued</div></div></div></div></div> | Sched |
| | 03/13/2021 | 03/20/2021 | medical Alex P Taylor, MD | <div><div><div><div><div><div></div><div>Approved</div></div><div>03/15/2021</div><div>1405</div><div>Discontinued</div></div></div></div></div> | Sched |
| SMZ/TMP DS800-160MG 1 TAB [BY MOUTH] BY MOUTH TWICE DAILY *TAKE ON AN EMPTY STOMACH* RX: 27126190 NDC: 53746027205 | 03/03/2020 | 03/10/2020 | medical Alex P Taylor, MD | <div><div><div><div><div><div></div><div>Approved</div></div><div>03/03/2020</div><div>2040</div><div>Discontinued</div></div></div></div></div> | Sched |
| TRIAMCINOLONE0.1% 80GM 1 OINT [TP] Topically PRN BID NDC: 713022880 Refills Remaining: 3 | 03/31/2021 | 05/29/2021 | medical Alex P Taylor, MD | <div><div><div><div><div><div></div><div>Approved</div></div><div>04/02/2021</div><div>0008</div><div>Discontinued</div></div></div></div></div> | KOP |
| TRIAMCINOLONE0.1% 80GM 1 OINT [TP] Topically BID ; large area to be covered NDC: 713022880 | 02/01/2021 | 03/02/2021 | medical Alex P Taylor, MD | Discontinued | KOP |
| TRIAMCINOLONE0.1% 80GM 1 CREAM [PO] By Mouth BID NDC: 45802006436 | 12/05/2020 | 01/03/2021 | medical Alex P Taylor, MD | <div><div><div><div><div><div></div><div>Denied</div></div><div>12/05/2020</div><div>1751</div><div>Discontinued</div></div></div></div></div> | Sched |
| TRIAMCINOLONE0.1% 80GM 1 CREAM [TP] Topically BID ; Apply to affected areas BID x 30 days NDC: 45802006436 | 12/05/2020 | 01/03/2021 | medical Alex P Taylor, MD | <div><div><div><div><div><div></div><div>Approved</div></div><div>12/07/2020</div><div>1112</div><div>Discontinued</div></div></div></div></div> | KOP |
| TRIAMCINOLONE0.5% 15GM APPLY TO AFFECTED AREA TOPICALLY TWICE DAILY **EXTERNAL USE ONLY** RX: 26037173 NDC: 45802006535 | 12/03/2019 | 12/17/2019 | medical Alex P Taylor, MD | <div><div><div><div><div><div></div><div>Approved</div></div><div>12/03/2019</div><div>2010</div><div>Discontinued</div></div></div></div></div> | KOP |
| TRIAMCINOLONE0.1% 80GM TOPICALLY DAILY **EXTERNAL USE ONLY** RX: 27126109 | 03/04/2020 | 04/02/2020 | medical Alex P Taylor, MD | <div><div><div><div><div><div></div><div>Approved</div></div><div>03/03/2020</div><div>2040</div></div></div></div></div> | KOP |

Procedure Report

EGD

Patient Name: THOMAS CIENIEWICZ
Account Number: 700221373365
Date of Birth: [REDACTED]
Record Number: 1232226
Date of Procedure: 11/5/2021
Referring Physician(s):
Endoscopist: Douglas Howerton



Procedure Performed: EGD

Indications for Examination:

Instruments: GIF-HQ190
Medications: MAC Anesthesia
Visualization: Good
Tolerance: Good
Complications: None
Classes:
Estimated Blood Loss: None
Extent of Exam: Second part of duodenum
Prep (for Colonoscopy):
Withdrawal Time (for Colonoscopy):

Procedure Technique: Informed consent was obtained from the patient after explaining all the risks (perforation, bleeding, infection and adverse effects to the medicine), benefits and alternatives to the procedure which the patient appeared to understand and so stated. The patient was connected to the monitoring devices and placed in the left lateral position. Continuous oxygen was provided with a nasal cannula and IV medicine administered through a indwelling cannula. After adequate conscious sedation was achieved, the patient was intubated and the scope advanced under direct visualization to the second part of duodenum. The scope was subsequently removed slowly while carefully examining the color, texture, anatomy, and integrity of the mucosa on the way out. The patient was subsequently transferred to the recovery area in satisfactory condition.

Findings:

Video endoscope was gently inserted in the upper esophagus. The endoscope was advanced to the GE junction, a structure that was located at 39 cm.

Confluent ulcerative esophagitis was noted at the Z-line along with peptic stenosis. No active bleeding was observed at the area of ulcerative esophagitis.

The ulceration was limited to 1 cm above the Z-line. Diaphragmatic hiatus was observed at 43 cm.

I then passed the endoscope into the antrum and a retroflexed view revealed patulous diaphragmatic hiatus.

Next I passed the endoscope into the duodenal bulb where several duodenal ulcerations were observed in the apex. One of the ulcerations contained a visible vessel was approximately 1 cm in diameter and in depth.

No active bleeding was observed in the duodenal bulb. Descending duodenum was endoscopically normal. 15-18 mm TTS balloon was advanced through the operating channel of the endoscope. The endoscope was withdrawn into the distal esophagus and 15 through 18 mm dilatation of the peptic stenosis was performed resulting in fracture of the area of the peptic stricture.

Endoscope was then advanced into the antrum where multiple biopsies were performed and the tissue was sent for CLO testing.

The endoscope was then advanced to the duodenal bulb. 1 to 2 cc of dilute epinephrine was injected into the perimeter of the duodenal ulcer resulting in blanching of the mucosa.

7 French gold probe was then used to perform coapt of coagulation of the visible vessel utilizing affect 2 and 25 W. The vessel was destroyed.

Endoscope was withdrawn from the patient. The patient tolerated the procedure well.

Endoscopic Diagnosis:

2 duodenal ulcerations (1 with visible vessel) status post endoscopic therapy with destruction of visible vessel

4 cm sliding hiatal hernia

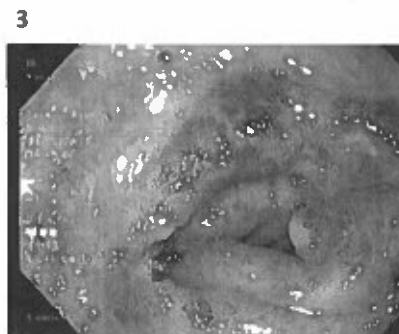
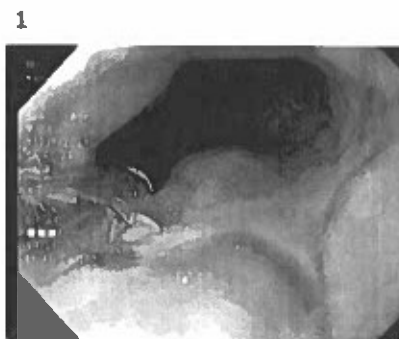
✓ Ulcerative esophagitis

Peptic stenosis-status post 18 mm balloon dilatation

Status post CLO testing- rule out Helicobacter pylori

Recommendations:

Continue IV Protonix drip for another 24 hours



[Signature]
11/2/2021

Procedure Report

EGD

Check CLOtest results

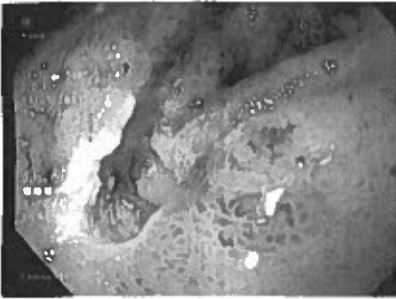
Patient will be a candidate for chronic PPI therapy because of hiatal hernia and ulcerative esophagitis.

Advance to full liquid diet today and then advance tomorrow if stable

Signature: _____ Douglas Howerton, M.D.

This Procedure was electronically signed off on
11/5/2021 3:03:26 PM By Douglas Howerton

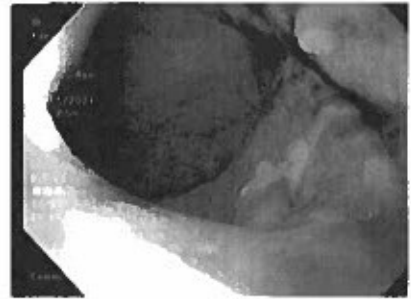
5



6



7



Revised

Patient Name: CIENIEWICZ THOMAS

Date of Birth: [REDACTED]

MRN: 1232226